EXHIBIT 3-B2

DESIGNATION OF DEPOSITORY FOR HOME FUNDS

SECTION I (To be Completed by HOME Grant Recipient)	
The (1)	
The (1) Name, Address and ZIP Code of	Grant Recipient's Financial Institution
Is designated as the depository for all funds to be	e received from the Montana Department of Commerce for deposit to:
(3)	(6)Signature of Chief Elected Official or Executive Officer
	•
(4)Name of Grant Recipient	(7) Title of Chief Elected Official or Executive Officer
(5)Address of Grant Recipient	(8) Date
SECTION II (To be completed by the financial	institution)
	established with this financial institution. All necessary where necessary, will legally enable this depository to
receive HOME funds from the United States Treas	
(0)	
(9)Account Na	ame and/or Number
and are in this depository's custody.	
Charling Associat	
☐ Checking Account ☐ Savings Account	
(10)	(11)
Name of Bank	Address of Bank
The Depository hereby agrees to immediately in the above account.	notify the HOME Recipient when a deposit is made
(12)Signature of Authorized Bank Officer	(13) Title of Authorized Bank Officer
Orginature of Authorized Bank Officer	THE OF AUTOLIZED DAILY OFFICE
(14)	(15)
(14)	Bank ABA Number (required for direct deposit)

INSTRUCTIONS FOR DESIGNATION OF DEPOSITORY FOR HOME FUNDS

SECTION I (To be Completed by HOME Grant Recipient)

Block

- Number Instructions
- 1. Enter name, address and zip code of depository (bank) designated to receive federal funds.
- Enter entire MDOC HOME contract number.
- 3. Enter bank account number where HOME funds are to be deposited.
- 4. Enter name of HOME Grantee. (City or Town of _____, or ____ County or legal name of CHDO)
- 5. Enter complete address of HOME Grantee.
- 6. Signature of Chief Elected Officer (CEO) or Executive Officer for HOME Grantee.
- 7. Enter title of CEO or Executive Officer for HOME recipient (Mayor, City Manager, County Chairperson or Chairman of the Board or Executive Director of CHDO).
- 8. Enter date the form is signed by CEO or Executive Officer of HOME Grantee.

SECTION II (To be completed by the financial institution)

- Enter same account number as in #3 above. Indicate if the account is a checking or savings account.
- 10. Enter same name of depository (bank) as in #1 above.
- 11. Enter same address and zip code of bank where HOME funds will be sent, as in #1 above.
- 12. Signature of authorized bank officer.
- 13. Enter title of authorized bank officer for depository.
- 14. Enter date form signed by authorized bank officer.
- 15. Enter the bank's ABA number, if the Grantee would like the funds directly deposited to its account.

NOTE: Mail the original copy to the HOME Program Officer and retain a photocopy for your records. It is important that all signatures are made in ink, and that there are no erasures, corrections or correction fluids used.